State of Wisconsin
Office of the Commissioner of Insurance **December 2005**
With COSMOS Codes

Form Filing Checklist – Medicare Select & Select Cost-Sharing

DISCLAIMER

The form filing checklists are intended only as guides for submitting various policy forms to the Office of the Commissioner of Insurance (OCI). The checklists are summaries, and are not intended as an OCI directive nor to interpret or address technical legal questions. Use of these checklists does not guarantee automatic approval of policy form submissions. Although efforts have been made to ensure that the checklists are current and accurate, information is subject to change on a regular basis without prior notice.

The cites in the second column reference Wisconsin statutes unless they begin with "Ins", which indicates an administrative code [regulation]

REQUIRED ITEMS FOR A COMPLETE FILING

Required	Reference	Comments
Filing Transmittal Form	601.42 (1) Ins 6.05	Submit separate transmittal form for each product category substantially identical to Appendix B, s. Ins 6.05, Wis. Adm. Code
Cover Letter		Include a brief explanation of use and intent of the form filing, or that identifies amendments to prior policy form filing Cover letter should indicate that forms were reviewed and approved by CMS, and date of the approval
Certificate of Compliance	Ins 6.05	Substantially identical to Appendix A, s. Ins 6.05, Wis. Adm. Code, signed by an officer of the insurer
Certificate of Readability	Ins 6.07	Form that meets the minimum standards under s. Ins 6.07, Wis. Adm. Code, signed by an officer of the insurer
Authorization to File on Insurers Behalf	Ins 6.03(3)(a)	
Actuarial Memorandum	Ins 3.39(4)(e)	Actuarial demonstration that expected claims in relationship to premiums will comply with loss ratio standards. Memorandum should be specific to Wisconsin business.
Loss Ratio	Ins 3.39(4)(e) & (16)	65% for individual policies, 75% for group policies
Commission Limitations	Ins 3.39(21)	Agent Commission Schedules
Commission for Under-66 Sales	Ins 3.39(21)(e)	Commission for under age 66 sales can not be less than commission for age 65-69 sales
Rate Filing	Ins 3.39(4)(g) & (16)(e)	For individual policy form filings

REQUIREMENTS OF MEDICARE SELECT & SELECT COST-SHARING INSURANCE:
Product Category and Product Code, Group Accident & Health (MDS); Health Maintenance Organization (GMS, IMS); Individual Accident & Health (MDS); Preferred Provider Plan (GMS, IMS).

Review Requirements	Reference	Comments
Face Page		
Corporate Legal Name	631.31, 631.64	Full corporate name on face page of policy, full address somewhere in policy
Medicare Select Title	Ins 3.39(4)(a)10 & (30)(i)8 or (q)1. or (r)1.	Identifies policy as "Medicare Select Insurance" or "Medicare Select Cost-Sharing" Insurance

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Caption	Ins 3.39(4) (a)10 & (30) (i)(9)	Caption may include reference to policy or certificate.
Right to return policy	Ins 3.13(2)(j)3	30 day "free look" period
Guaranteed Renewable for Life	Ins 3.13(3), 3.39(4)(a)5	Should state premiums are subject to change
Renewability	Ins 3.39(22)(a)	Must include any automatic premium change due to age, and insurer's right to change premiums
Preexisting Condition	Ins3.39(4)(a)2 .& (8)(a)3. &(22)(d)	If applies must be on face page of policy and limited to 6 months
Important Notice Concerning Statements in the Application for Your Insurance	Ins 3.28(5)(d)	Notice required on front of policy, concerning statements made in the application [Individual policies &group certificates]
Term of Coverage	Ins 3.39(4)(a)7	Clearly states on first page or schedule page the duration of the term. Term is no less than 3 month
UCR Disclosure	Ins 3.39(6) & 3.60(5)	Applies to certain Wisconsin mandated benefits. Notice on first page of policy stating that insurer settles claim based on specific methodology
Notice of right to file a complaint	631.28, Ins 6.85 (4)	Notice described under Appendix 1 or 2, s. Ins 6.85, Wis. Adm. Code.
Schedule Page		
Term of policy	Ins 3.39(4)(a)7	Term is no less than 3 month. Include on face page or on schedule page
List of coverages, annual premiums & modal premium	Ins 3.39(4)(d)	
General Contract		
Readability	Ins 3.39(4)(a)11	Text in 10-point type in black or blue ink
Entire Contract	631.11	
Incontestability	632.76	Policy is incontestable after 2 years, except for fraudulent misrepresentation
Premium Increase	631.36(4)	60-day notice of premium increases greater than 25%
Grace Period	632.78	Required grace period (7 day for weekly premium, 10 days for monthly, 31 days for all other policies)
Suspension of Coverage	Ins 3.39(4)(a)18	Provision for up to 24 months suspension if policyholder becomes eligible for medical assistance
Midterm cancellation	Ins 3.39(4)(a)15	Provision for midterm cancellation and pro rata refund of premium
Ticket to Work	Ins 3.39(4)(a)18p	Provision for indefinite suspension if policyholder becomes eligible for group coverage
Termination	Ins 3.39(4)(a)6	Termination without prejudice to continuous loss
Automatic Benefit Change	Ins 3.39(4)(a)8	Statement that benefits change automatically as Medicare deductibles and copayments change
Reinstatement Provision	632.74	Required reinstatement provision if policy terminates for nonpayment of premium [waiting periods for illness not allowed]
Notice and Proof of Loss	631.81	Notice or proof of loss is furnished as soon as reasonably possible & w/in one year of time required by policy
Limitation of Actions	631.83(1)(b)	Action must be commenced w/in 3 years of when proof of loss was required to be furnished
Subrogation	Rimes	

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Arbitration	631.85	
Mandatory Arbitration Prohibited	631.83(3)(c)	Policy may not provide that no action may be brought
Benefit Appeals	632.84(2)(b) Ins 3.55(4) & 3.39(4)(a)12	Internal procedure by which insured may appeal denial of benefits
Grievance Procedure	632.83, Ins 3.39(4)(a)12. & (30)(i)7 & Ins 18.03 (1)(a) & (3)	Grievance procedure applies to Wisconsin mandated benefits BULLETIN, April 26, 2002 http://oci.wi.gov/bulletin/0402iro.htm
Independent Review procedure (IRO)	632.835, Ins 18.12	IRO procedure applies to Wisconsin mandated benefits (Does not apply to Basic Medicare Cost policies) BULLETIN, April 26, 2002 http://oci.wi.gov/bulletin/0402iro.htm
Standing Referral	609.22(4)	If policy requires referral
2nd Opinion	609.22(5)	Positive statement regarding 2nd opinion from participating provider
Continuity of care	609.24	Provision regarding continuity of care for provider that has left the plan
Description of Network Providers	Ins 3.39(30)(i) 3	Description of restricted network provisions, including coinsurance and deductibles when non-network providers are utilized
Limitations on Referrals	Ins 3.39 (30)(i)5.	A description of limitations on referrals to restricted network providers and to other providers
Other Purchase Rights	Ins 3.39(30)(i)6	Description of rights to purchase any other Medicare supplement policy otherwise offered by the insurer
Quality Assurance Program	Ins 3.39(30)(i)7	
Continuation	Ins 3.39 (30)(n)	Continuation of coverage in the event the Secretary of DHHS determines that Medicare select policies issued should be discontinued
Exclusions and Limitations		
Permitted Exclusions and Limitations	Ins 3.39(8)	
No limitations for Named Conditions	Ins 3.39(4)(a) 14	Policy many not contain limitations for specifically named conditions after the effective date of the policy
Pre-existing Condition Exclusion	632.76, Ins 3.28(6)(a), 3.39(4) &(8)(c)	Policy may contain, but limited to 6 months. If disclosed on application, pre-existence defense cannot be used (unless condition is excluded from coverage by name)
Duplication	Ins 3.39(4)(a)17.	Provision that policy does not duplicate any Medicare benefit
Coordination of Benefits	Ins 3.39(8)(a)	Policy must exclude expenses paid by Medicare; may limit benefits if insured has other insurance; no limitations more restrictive than Medicare
Territorial Limitations	Ins 3.39(8) (a) 4.	May include if policy is issued by HMO
Military Service Related Conditions	Ins 3.39(8) (a) 5.	May exclude if treatment provided by military or veterans hospital or facility contracted for or operated by national government or agency
General	Ins 3.39(8)(a) to (e)	Must exclude expenses compensated by Medicare, and no more restrictive than Medicare
Exclusions and Limitations Contained in Medicare	Ins 3.39(8)(e)	May include exclusions and limitations which are not otherwise prohibited and are not more restrictive than those contained in Medicare
Managed Care Restrictions	Ins 9.38(2)	Restrictions on the selection of primary or referral providers; Restrictions on changing providers during the contract period; Out-of-pocket costs including copayments and deductibles
Definitions		
Creditable Coverage	Ins 3.39 (3)(i)	

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Eligible Services	Ins 3.39 (3)	
Medicare	Ins 3.39(3)(q)	Definition of Medicare required
Preexisting Condition	Ins 3.39(4)(a)2	If applies, policy must include definition
UCR	Ins 3.39(6)(a)	Definition applies to Wisconsin mandated benefits (Does not apply to Basic Medicare Cost policies)
Managed Care Definitions	609.01, Ins 9.01 & 9.38(1)	Geographical service area, emergency care, urgent care, out-of-area service, dependent and primary providers
Eligibility		
Medicare Eligible Persons	Ins 3.39(3)(t)	
Guarantee Issue	Ins 3.39(34)	
Open Enrollment	Ins 3.39(4m)(a)	6 month open enrollment period; special enrollment period for under age 65.
Benefit Description for Medicare Select		**Applies to Medicare Select, not Medicare Select Cost-Sharing**
Minimum Coverages	Ins 3.39 (5)(c) & (30)(p)	Provide the benefits "basic Medicare supplement coverage"
Inpatient Psychiatric Hospital Care	Ins 3.39(5)(c)1	Covers at least 175 days per lifetime for inpatient psychiatric hospital care upon exhaustion of Medicare hospital inpatient psychiatric tic coverage
Part A Deductible	Ins 3.39(5)(i)1. & (30)(p)2.	Covers Part A deductible in full
Additional Home Health Care	Ins 3.39(5)(i)2. & (30)(p)3.	365 home care visits
Part B Deductible	Ins 3.39(5)(i)3. & (30)(p)4.	Covers Part B deductible in full
Authorized Referral	Ins 3.39(30)(p)5.	Covers difference between Medicare Part B eligible charges and the actual charges for authorized referral services.
Foreign Travel	Ins 3.39(5)(i)5. & (30)(p)6.	Coverage 80% of billed charges after $250 deductible
Preventive Health Care	Ins 3.39(5)14. & (30)(p)7.	Covers preventive health care services not covered by Medicare and determined to be medically appropriate by an attending physician to a minimum of $120 annually
Catastrophic Outpatient Prescription Drugs	Ins 3.39 (30)(p)8.	80% of outpatient prescription drug charges after a drug deductible of no more than $6250 **(Available for issuance or sale until January 1, 2006)**
Emergency Services and Urgent Care	632.85, Ins 3.39(30)(g) & (i) 4	Description of coverage, and no restrictions on covered services by non-plan providers for emergency services
Experimental Treatment	632.855	Limitation on coverage of experimental treatment must state who is authorized to make decision
Services Not Available By Network Providers	Ins 3.39(30)(h)	Provide full coverage for services not available through network providers
Permissible Rider	Ins 3.39(30)(q)	Only permissible optional rider is prescription drug rider
Managed Care Requirements	Ins 3.39(30)(t)	Medicare select policies shall comply with subchs I & III of ch. Ins 9

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Benefit Description for Select Cost-Sharing Plans		**Applies to Medicare Select Cost-Sharing Plans**
Inpatient Psychiatric Hospital Care	Ins 3.39(5)(c)1	Covers at least 175 days per lifetime for inpatient psychiatric hospital care upon exhaustion of Medicare hospital inpatient psychiatric tic coverage
Medicare Part A	Ins 3.39(30)(q)2 & (r)2.	Covers 100% of Medicare Part A hospital coinsurance for 61st through 90th day in Medicare benefit period
Lifetime Inpatient Reserve Days	Ins 3.39(30)(q)3 & (r)3.	Covers 100% of Medicare Part A hospital coinsurance for 91st through 150th day of Medicare lifetime inpatient reserve days
Exhaustion of Medicare Hospital Coverage	Ins 3.39(30)(q)4 & (r)4	Covers 100% of Medicare Part A eligible expenses for hospitalization upon exhaustion of Medicare hospital inpatient coverage
Part A Deductible	Ins 3.39(30)(q)5 & (r)5	Covers [50% or 75%] of Medicare Part A inpatient hospital deductible per benefit period until out-of-pocket limitation is met
Skilled Nursing Facility Care	Ins 3.39(30)(q)6 & (r)6	Covers [50% or 75%] of coinsurance for 21st through 100th day in Medicare benefit period for post-hospital skilled nursing facility care under Part A until out-of-pocket limitation is met
Hospice Care	Ins 3.39(30)(q)7 & (r)7	Covers of [50% or 75%] of cost sharing for Medicare Part A eligible expenses and respite care until out-of-pocket limitation is met
First 3 Pints of Blood	Ins 3.39(30)(q)8 & (r)8	Covers [50% or 75%] under Medicare Part A or B of first 3 pints of blood
Part B Deductible	Ins 3.39(30)(q)9 & (r)9	Covers [50% or 75%] of cost sharing under Medicare Part B after policyholder pays Part B deductible until out-of-pocket limitation is met
Preventive Services	Ins 3.39(30)(q) 11 & (r) 11	Covers 100% of cost sharing for Medicare Part B preventive services after policyholder pays Part B deductible
Out-of-Pocket Limitation	Ins 3.39(30)(q) 12 & (r)12	Covers 100% of cost sharing under Medicare Parts A and B for balance of calendar year after individual reached out-of-pocket limitation on annual expenditures under Part A &B of $4,000 [50% cost-sharing plans] or $2,000 [25% cost-sharing plans]
Home Health Care	Ins 3.39(5)(i)2. & (30)(q)10& (r)10	Optional Additional Home Health Care Rider subject to out-of-pocket limitations
Wisconsin Mandated Benefits		
Disclosure of Mandated Benefits	Ins 9.38(3)	Clear disclosure of all benefit mandates outlined in Wisconsin statutes
Mandated Coverages under 50% and 25% Cost-Sharing Plans	Ins 3.39(30)(q) 10 & (r)10	Covers 100% of cost sharing for Wisconsin mandated benefits after policyholder pays Part A and B deductible and meets the out-of-pocket limitation is met. Those mandated benefits include: inpatient psychiatric hospital care; home health care; skilled nursing care; kidney disease treatment; chiropractic services; diabetic coverage; dental anesthetics and charges; and breast reconstruction
No prior authorization for emergency room use	632.85	Policies can not require prior authorization for emergency room use

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Nurse practitioner	632.87(5)	Coverage for papanicolaou test, pelvic exams, and associated laboratory fees performed by a nurse practitioner, if these services are covered when performed by a licensed physician
Home health care	632.895 (2) Ins 3.39(5)(c)5	Minimum of 40 home care visits per contract year
Skilled nursing care	632.895(3) Ins 3.39(5)(c)6	30 days per skilled nursing home confinement
Kidney disease treatment	632.895(4) Ins 3.39(5)(c)6	$30,000 annual kidney disease benefit (i.e., dialysis, transplantation, donor related services)
Mental Illness	632.89, Ins 3.39(5)(c)7	Coverage for alcoholism, drug abuse, and mental/nervous disorders (Group policies only)
Chiropractic services	632.87(3) Ins 3.39(5)(c)8	Coverage of services received from a chiropractor
Diabetic coverage	632.895(6) Ins 3.39(5)(c)13	Policies that cover diabetes must cover installation and use of infusion pump, all other equipment and supplies for diabetes, including insulin and prescription medication. **Coverage issued or policies for individuals enrolled in Medicare Part D after January 1, 2006 may not cover prescription medication, or prescription insulin and supplies for injection of insulin, except for costs for test strips and lancets**
Facility charges and anesthetics for certain dental care	632.895(12) Ins 3.39(5)(c)16)	Coverage of hospital or ambulatory surgery center charges and anesthetics provided in conjunction with dental care for children under age 5, individual with disability, or individual with medical condition hospitalization or anesthesia for dental care
Breast reconstruction	632.895(13) Ins 3.39(5)(c)17	Policies that cover a mastectomy shall provide coverage or breast reconstruction of the affected tissue incident to a mastectomy
HIV drugs	632.895(9)	Coverage of drugs for the treatment of HIV **Not a covered benefit after January 1, 2006**)
Optional Riders		
Permissible additional coverage	Ins 3.39(30)(s)	May only include as permissible additional coverage, the outpatient prescription drug rider
Outpatient Prescription Drug	Ins 3.39(5)(i)7	50% of drug charges after $250 deductible. (**Available for issuance or sale until January 1, 2006**)

Outline of Coverage		
Required	**Reference**	**Comments**
Readability	Ins 3.39(4)(b)4	24 point type, and caption in 18 point type in contrasting color
Format	Ins 3.39(4)(b)5 & (30)(i)1.	Substantially the same format as Appendix 1, in 12 point type
Title/Designation	Ins 3.39(4)(b)	Medicare Select Insurance or Medicare Select [50% or 25%] Cost-Sharing Plan
Caption	Ins 3.39(4)(b) & (30)(i)8. & 9. and (q)1. & (r)1.	

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Summary of Coverage	Ins 3.39(4)(b)7 Appendix 1 (4)	Listing of required and optional coverages & annual premiums Outline of Coverage–D; Medicare Select Insurance or Medicare Select [50% or 25%] Cost-Sharing Plans
Exclusions & Limitations	Appendix 1 (5)	If benefits not provided, including waiting periods for pre-existing conditions, UCR, limitation on choice of providers, coverage for emergency care anywhere or for care received outside service area
Nursing home care	Appendix 1 (5)(a)	Beyond what is covered by Medicare and the 30-day skilled nursing mandate
Home health care	Appendix 1 (5)(b)	Above the number of visits covered by Medicare and the 365 visits under the home care mandate
Charges above Medicare's	Appendix 1 (5)(c)	Physician charges above Medicare's approved charge
Outpatient prescription drugs	Appendix 1 (5)(d)	
Care outside U.S.A.	Appendix 1 (5)(e)	Most care received outside of U.S.A.
Miscellaneous stated services unless eligible under Medicare	Appendix 1 (5)(f)	Dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare
Emergency & Urgent Care Coverage	Appendix 1 (5)(g)	
Pre-existing conditions	Appendix 1 (5)(h)	Waiting period for pre-existing conditions
Choice of providers	Appendix 1 (5)(i)	Limitations on the choice of providers or the geographical area serviced
Usual & Customary	Appendix 1 (5)(j)	Defined and explained
Conspicuous Statements	Appendix 1 (6)	Conspicuous statement with reference to Medicare Handbook
Renewability or Continuation of Coverage	Appendix 1 (7)	Description of policy provisions respecting renewability or continuation of coverage, including any reservation of rights to change premiums
Out-Of-Area Claims	Appendix 1 (8)	Information on how to file a claim for services received from non-participating providers because of an emergency
Restrictions of Choice	Appendix 1 (9)	If there are restrictions on the choice of providers, a list of providers available to enrollees shall be included with the outline
Benefit Appeal Procedure	632.84(2)(b) Ins 3.55(4), Appendix 1(10)	Internal procedure by which insured may appeal denial of benefits
Grievance Process	Appendix 1 (10)	

REQUIREMENTS OF APPLICATION AND ENROLLMENT FORM

Review Requirements	Reference	Comments
Application		
Acknowledgement	Ins 3.39(4)(b)1	Requires written acknowledgement of receipt of outline
Application Statements	Ins 3.39(23)(a)	Statements in application or supplementary form signed by the applicant and agent. Statements (3) & (4) involve Medicaid and employer or union-based group health plan

Form Filing Checklist – Medicare Select & Select Cost-Sharing

Application Questions	Ins 3.39(23)(a)	Questions in application or supplementary form signed by the applicant and agent. Questions 1 to 5 were revised effective January 1, 2006.
Open Enrollment	Ins 3.39(23)(e)	Statement that applicant need not complete medical questions if applying during open enrollment
HIV	631.90, Ins 3.53	
Genetic Testing	631.89	
Personal medical information disclosure authorization	610.70(2)	If form authorizes disclosure of personal medical information, specific information must be included in disclosure authorization
Disclosure Forms		
Replacement Form	Appendix 5	NAIC model
Notice of right to file a complaint	631.28, Ins 6.85 (4)	Notice described under Appendix 1 or 2, s. Ins 6.85, Wis. Adm. Code.